

Billing Code: 4163-18-P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[PROGRAM ANNOUNCEMENT 01020]

CHILDHOOD LEAD POISONING PREVENTION PROGRAMS (CLPPP)

NOTICE OF AVAILABILITY OF FUNDS

A. Purpose

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 2001 funds for a cooperative agreement program for new State and competing continuation State programs to develop and improve Childhood Lead Poisoning Prevention activities which include building Statewide capacity to conduct surveillance of blood lead levels in children. CDC is committed to achieving the health promotion and disease prevention objectives of A Healthy People, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the focus area of Environmental Health. For the copy of "Healthy People," (Full Report: Stock No. 017-001-00547-9) or write or call: Superintendent of Documents Government Printing Office, Washington, DC 20402-9325, telephone (202) 512-1800 or visit the Internet site: [http://www.health.gov/healthyypeople/.](http://www.health.gov/healthyypeople/)

The purpose of this program is to provide the impetus for the development, implementation, expansion, and evaluation of State and local childhood lead poisoning prevention program activities which include Statewide surveillance capacity to determine areas at high-risk for lead exposure. Also, this cooperative agreement is to carry out the core public health functions of *Assessment, Policy Development, and Assurance* in childhood lead poisoning prevention programs.

Funding for this program will be to:

1. Develop and/or enhance a surveillance system that monitors all blood lead levels (BLLs).
2. Assure screening of children who are at high-risk of lead exposure and follow-up care for children who are identified with elevated BLLs.
3. Assure awareness and intervention for the general public and affected professionals in relation to preventing childhood lead poisoning.
4. Expand primary prevention of childhood lead poisoning in high-risk areas in collaboration with appropriate government and community-based organizations.

As programs have shifted emphasis from providing direct screening and follow-up services to the core public health functions, cooperative agreement funds may be used to support and emphasize health department responsibilities to ensure high-risk children are screened and receive appropriate follow-up services. This includes developing and improving coalitions and partnerships; conducting better and more sophisticated assessments; and developing and evaluating new and existing policies, program performance, and effectiveness based on established goals and objectives.

B. Eligible Applicants

Applicant eligibility is divided into Part A (New Applicants), Part B (Competing Continuation), and Part C (Supplemental Studies) defined in the following section: In FY 2000, CDC shifted its program emphasis from the direct funding of local programs with jurisdictional populations of 500,000 to the funding of State programs. However, the top five metropolitan statistical areas (SMSAs)/largest cities in the United States based on census data will be eligible for direct funding for childhood lead poisoning prevention activities indefinitely. **They are New York City, Los Angeles, Chicago, Philadelphia, and Houston.**

I. Part A: Eligible applicants are State health departments or

other State health agencies or departments not currently funded by CDC and any eligible SMSA not currently receiving direct funding from CDC for childhood lead poisoning prevention activities. Also eligible are health departments or other official organizational authority (agency or instrumentality) of the District of Columbia, the Commonwealth of Puerto Rico, any territory or possession of the United States, and all federally-recognized Indian tribal governments. **Please note: Local Health Departments are not eligible to apply for cooperative agreement funding under Part A of this program announcement unless they are one of the top five SMSAs.**

Applicants encouraged to apply under Part A are: Arkansas; Chicago; Florida; Idaho; Kentucky; Mississippi; Nevada; North Dakota; Oregon; Philadelphia; South Dakota; Tennessee; Washington and Wyoming.

2. Part B: Eligible applicants are those states currently funded by the CDC with a project period that expires June 30, 2001. These applicants are: *Los Angeles; Louisiana; Massachusetts; Missouri; Montana; New Jersey; New Mexico; New York City; North Carolina; Ohio; Pennsylvania; Rhode Island; West Virginia and Vermont.* In FY 2000, CDC shifted its program emphasis from the direct funding of local programs with jurisdictional populations of 500,000 to the funding of State programs.

However, the top five metropolitan statistical areas (SMSAs)/largest cities in the United States based on census data will be eligible for direct funding for childhood lead poisoning prevention activities. This includes New York City and Los Angeles. These SMSAs are eligible for direct funding indefinitely under Part B.

3. **Part C: Eligible applicants are those State applicants that apply under Part B or non-competing State applicant programs currently funded under a non-expired project period.** For Part B applicants, funding under Part C will only be considered if the Part B application is successful and chosen for funding. All Part C applicants must meet the program requirement of submitting data to CDC's national surveillance database.
- Please Note:** Non-competing applicants currently funded with a Part C award are not eligible.

Additional information for all State applicants

If a State agency applying for grant funds is other than the official State health department, written concurrence by the State health department must be provided (for example, the State Environmental Health Agency).

C. Availability of Funds

Part A: New Applicants

Up to \$1,700,000 will be available in FY 2001 to fund up to **six** new applicants. CDC anticipates that awards for the first budget year will range from \$75,000 to \$800,000.

Part B: Competing Continuations

Up to \$10,000,000 will be available in FY 2001 to fund up to 14 competing continuation applicants. CDC anticipates that awards for the first budget year will range from \$250,000 to \$1,500,000.

Part C: Supplemental Studies

Up to \$400,000 will be awarded in FY 2001 to fund up to four assessment/evaluation studies with a two-year project period or not to exceed the current established project period. These funds will be awarded to support the development of alternative surveillance assessments and/or to conduct evaluation of the impact of lead screening recommendations. Awards are expected to range from \$70,000 to \$100,000, with the average award being approximately \$85,000. Funds will be awarded for assessment/evaluation studies that address one of the following:

1. Alternative Surveillance Assessment - Assessment of lead exposure in a jurisdictional population or sub-population using an approach to surveillance that differs from the Statewide Childhood Blood Lead Surveillance (CBLS) system described in this announcement.
2. Screening Recommendation Evaluation - Evaluation of the impact

133 of lead screening recommendations on screening for high-risk
134 children.

135 **Funding for State applicants:** To determine the type of program
136 activities and the associated level of funding for an *individual*
137 *State applicant* for Part A or Part B, please refer to the table
138 below. These are funding limits which should be used to determine
139 program funding levels. Addendum 2 in the application package
140 provides an explanation of the factors used to develop categorical
141 funding limits.

Funding Categories Based on Projected Level of Effort Required to Provide Lead Poisoning Activities to a State Population

Alabama	2	Montana	3
Alaska	3	Nebraska	2
Arizona	3	Nevada	3
Arkansas	2	N. Hampshire	3
California*	1	New Jersey	2
Colorado	3	New Mexico	3
Connecticut	2	New York*	2
Delaware	3	N. Carolina	2
Florida*	3	North Dakota	3
Georgia	2	Ohio	1
Hawaii	3	Oklahoma	2
Idaho	3	Oregon	3
Illinois	1	Pennsylvania	1
Indiana*	3	Rhode Island	2
Iowa	2	S. Carolina	2
Kansas	2	South Dakota	2
Kentucky*	3	Tennessee	2
Louisiana	2	Texas*	1
Maine	3	Utah*	3
Maryland	2	Vermont	3
Mass.	2	Virginia	2
Michigan*	2	Washington	2
Minnesota	2	West Virginia	2
Mississippi	2	Wisconsin	2
Missouri	2	Wyoming	3

* Projected level of effort adjusted to account for currently funded locales.

142 NOTE: Please see section entitled "Funding Level for SMSA
 143 Applicants".

Funding State Applicants - Part A or Part B: Determine your funding category (Category 1, 2, or 3) and associated program activities by category using the descriptions below. Funding levels are associated with category type and level of program activity to be supported by CDC. **Regardless of category type**, all programs are required to develop and implement screening plans and have a surveillance system designed to monitor all blood lead levels in children. Following are the minimum requirements for each category and the range and average awards for each category.

Category 1: \$800,000-\$1,500,000, average award \$1,000,000
Applicants are to use CDC funding to: implement and evaluate screening plans; submit and analyze data from a Statewide surveillance system; ensure screening and follow-up care; provide public and professional health education and health communication; conduct program impact evaluation; and implement primary prevention activities.

Category 2: \$250,000-\$800,000, average award \$520,000
Applicants are to use CDC funding to: implement and evaluate screening plans; submit and analyze data from a Statewide surveillance system; assure screening and follow-up care; provide public and professional health education and health communication; and conduct program impact evaluation.

Category 3: \$75,000-\$250,000, average award \$150,000
Applicants are to use CDC funding to: implement and evaluate screening plans; submit and analyze data from a Statewide surveillance system; assure screening and follow-up care; and conduct program impact evaluation.

Funding Levels for SMSA Applicants (under Part B only): The range of awards for eligible SMSAs is \$250,000 to \$800,000.

Additional Information on Funding for all Applicants for Part A, Part B, and Part C New awards are expected to begin on or about July 1, 2001, and are made for 12-month budget periods within a project period not to exceed two-years for State programs. Estimates

outlined above are subject to change based on the actual availability of funds and the scope and quality of applications received. Continuation awards within the project period will be made on the basis of satisfactory progress and availability of funds. *Awards cannot supplant existing funding for CLPP or Supplemental Funding Initiatives.* Funds should be used to enhance the level of expenditures from State, local, and other funding sources.

NOTE:

- Funds may not be expended for medical care and treatment or for environmental remediation of sources of lead exposure. However, the applicant must provide a plan to ensure that these program activities are carried out.
- Not more than 10 percent (exclusive of Direct Assistance) of any cooperative agreement or contract through the cooperative agreement may be obligated for administrative costs. This 10 percent limitation is in lieu of, and replaces, the indirect cost rate.

D. Program Requirements

1. SPECIAL REQUIREMENT regarding Medicaid provider status of applicants: Pursuant to section 317A of the Public Health Service Act (42 U.S.C. 247b-1), as amended by Sec. 303 of the "Preventive Health Amendments of 1992" (Public Law 102-531),

applicants AND current grantees must meet the following requirements: For CLPP program services which are Medicaid-reimbursable in the applicant's State:

- Applicants who directly provide these services must be enrolled with their State Medicaid agency as Medicaid providers.
- Providers who enter into agreements with the applicant to provide such services must be enrolled with their State Medicaid agency as providers. An exception to this requirement will be made for providers whose services are provided free of charge and who accept no reimbursement from any third-party payer. Such providers who accept voluntary donations may still be exempted from this requirement.

In order to satisfy this program requirement, please provide a copy of a Medicaid provider certificate or statement as proof that you meet this requirement. Failure to include this information will result in your application being returned. Please place this information immediately behind the budget and budget justification pages.

2. Assure that income earned by the CLPP program will be returned to the program for its use.

Cooperative Activities

Part A and Part B: New and Competing Continuations

To achieve the purpose of this cooperative agreement program, the recipient will be responsible for the activities listed under **1.**

Recipient Activities and CDC will be responsible for the activities listed under **2. CDC Activities.**

1. Recipient Activities

- a. Establish, maintain, or enhance a **statewide surveillance system** in accordance with legislation. *For eligible SMSAs (under Part B),* enhance a data management system that links with the State's surveillance system or develop an automated data management system to collect and maintain laboratory data on the results of blood lead analyses and data on follow-up care for children with elevated BLLs. State recipients should ensure receipt of data from local programs. Local recipients should transfer relevant data to the appropriate State entity in a timely manner for annual submission to CDC.
- b. Manage, analyze and interpret individual State surveillance data, and present and disseminate trends and other important public health findings.
- c. Develop, implement and evaluate a statewide/jurisdiction-wide childhood blood lead screening plan consistent with CDC guidance provided in *Screening Young Children for Lead*

Poisoning: Guidance for State and Local Public Health Officials. (A copy of this document can be obtained at the following internet address

<http://www.cdc.gov/nceh/lead/guide/guide97.htm>). For

eligible SMSAs, participate in the Statewide planning process. Make screening recommendations and appropriate local screening strategies available and known to health care providers.

d. Assure appropriate follow-up care is provided for children identified with elevated BLLs.

e. Establish effective, well-defined working relationships within public health agencies and with other agencies and organizations at national, State, and community levels (e.g., housing authorities; environmental agencies; maternal and child health programs; State and local Medicaid agencies and programs such as Early Periodic Screening, Diagnosis, and Treatment (EPSDT); community and migrant health centers; community-based organizations providing health and social services in or near public housing units, as authorized under Section 330(i) of the PHS Act; State and local epidemiology programs; State and local housing rehabilitation programs; schools of public health and medical schools; and environmental interest groups).

f. Provide managerial, technical, analytical, and program

273 evaluation assistance to local agencies and organizations
274 in developing or strengthening CLPP program activities.

275 **2. CDC Activities**

- 276 a. Provide technical, and scientific assistance and
277 consultation on program development, implementation and
278 operational issues.
- 279 b. Provide technical assistance and scientific consultation
280 regarding the development and implementation of all
281 surveillance activities including data collection methods
282 and analysis of data. Specifically assist with improving
283 data linkages with Federally-funded means-tested public
284 benefit programs (WIC, Head start, etc.)
- 285 c. Assist with data analysis and interpretation of individual
286 State surveillance data and release of national reports.
287 Reports will include analysis of national aggregate data
288 as well as state-specific data on Federally-funded means-
289 tested public benefit programs (WIC, Head start, etc).
- 290 d. Assist Part B recipients with communication and
291 coordination among Federal agencies, and other public and
292 private agencies and organizations.
- 293 e. Conduct ongoing assessment of program activities to ensure
294 the use of effective and efficient implementation
295 strategies.

Part C: Supplemental Studies

To achieve the purpose of this program, the recipient will be responsible for the activities listed under **1. Recipient Activities** and CDC will be responsible for the activities listed under **2. CDC Activities**.

1. Recipient Activities

- a. Develop and implement a study protocol to include the following: methodology, sample selection, field operation, and statistical analysis. Applicants must provide a means of assuring that the results of the study will be published.
- b. Revise, refine, and carry out the proposed methodology for conducting *Supplemental Studies*.
- c. Monitor and evaluate all aspects of the assessment activities.
- d. Publish and disseminate study findings in scientific journals, as appropriate.

2. CDC Activities

- a. Provide technical and scientific consultation on activities related to overall program requirements of

316 supplemental funding activities.

317 b. Provide technical assistance to program manager and/or
318 principal investigator regarding revision, refinement, and
319 implementation of study design and proposed methodology
320 for conducting supplemental funding activities.

321 c. Assist program manager and/or principal investigator with
322 data interpretation and analysis issues.

323 **E. Application Content**

324 Use the information in the *Program Requirements*, *Other Requirements*,
325 *and Evaluation Criteria* sections to develop the application content.

326 Each applicant should identify Part A, Part B or Part C on their
327 application. Your application will be evaluated on the criteria
328 listed, so it is important to follow them in laying out your program
329 plan:

330 # Applications must be developed in accordance with PHS Form
331 5161-1.

332 # Part B applicants also competing for Part C funds must submit
333 two separate applications.

334 # Application pages must be clearly numbered, and a complete
335 index to the application and its appendices must be included.

336 # The original and two copies of the application sets must be
337 submitted UNSTAPLED and UNBOUND. All material must be
338 typewritten, double spaced, printed on one side only, with un-
339 reduced font (10 or 12 point font only) on 8 1/2-inch by 11-

340 inch paper, and at least 1-inch margins and header and footers.
341 All graphics, maps, overlays, etc., should be in black and
342 white and meet the above criteria.

343 # **A one-page, single-spaced, typed abstract must be submitted**
344 **with the application. The heading should include the title of**
345 **the program, project title, organization, name and address,**
346 **project director, telephone number, facsimile number, and e-**
347 **mail address.**

348 # **The main body of the CLPP program application (Parts A or B)**
349 **must include the following: budget/budget justification;**
350 **Medicaid certification; progress report (Part B applicants**
351 **only); understanding the problem; surveillance/data-management**
352 **activities; statewide/jurisdiction-wide planning and**
353 **collaboration; core public health functions; goals and**
354 **objectives; program management and staffing; and program**
355 **evaluation.**

356 # **The main body of the supplemental studies application (Part C)**
357 **must include the following: study protocol, project personnel,**
358 **and project management.**

359 # **Each application should not exceed 75 pages. The abstract,**
360 **budget narrative, and budget justification pages are not**
361 **included in the 75 page limit. Supplemental information should**
362 **be placed in appendices and is not to exceed 25 pages.**

363 # **Part B applicants must submit a progress report in their**

364 competing continuation application. This report is not
365 included in the 75 page limit and should not exceed 10 pages.
366 **The report should be placed immediately after the budget and**
367 **budget justification.**

368 **F. Submission and Deadline**

369 Submit the original and two copies of the PHS 5161-1 (OMB Number
370 0937-0189) on or before March 19, 2001. Forms are in the application
371 kit.

372 Submit the application to:

373 Mattie B. Jackson, Grants Management Specialist
374 Grants Management Branch, Procurement and Grants Office
375 Program Announcement 01020
376 Centers for Disease Control and Prevention (CDC)
377 2920 Brandywine Road, Room 3000
378 Atlanta, GA 30341-4146
379 Internet address **mij3@cdc.gov**

380 Applications shall be considered as meeting the deadline if they are
381 either: (1) received on or before the deadline date, or (2) sent on
382 or before the deadline date and received in time for submission to
383 the objective review. Applicants must request a legibly dated
384 receipt from a commercial carrier or U. S Postal Service. Private
385 metered postmarks shall not be acceptable as proof of timely mailing.

Applications which do not meet the criteria above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicant.

G. Evaluation Criteria

The review of applications will be conducted by an objective review panel as they relate to the applicant's response to either Part A, Part B, or Part C. The applications will be evaluated according to the following criteria:

PART A: New Applicants

1. Understanding of the Problem (10 points)

The extent to which the applicant's description and understanding of the burden and distribution of childhood lead exposure or elevated BLLs in their jurisdiction, using available evidence of incidence and/or prevalence and demographic indicators; including a description of the Medicaid population.

2. Surveillance Activities (20 points)

The applicant's ability to develop a childhood blood lead surveillance system that includes: (a) a flow chart that describes data transfer, (b) a mechanism for tracking lead screening services to children, especially Medicaid children (as required in Addendum 5 - Children's Health Act of 2000), and (c) a mechanism for reporting data annually to the CDC's

national surveillance database. The extent to which the surveillance approach is clear, feasible and scientifically sound. Also, the extent to which the proposed time table for accomplishing each activity and methods for evaluating each activity are appropriate and clearly defined. The following elements will be specifically evaluated:

- a. How laboratories report BLLs, including ability to identify and assure reporting from private laboratories and portable blood lead technology that perform lead testing.
- b. How data will be collected and managed.
- c. How quality of data and completeness of reporting will be assured.
- d. How and when data will be analyzed.
- e. How summary data will be reported and disseminated on a regular basis (i.e., newsletters, fact sheets, annual reports).
- f. Protocols for follow-up of children with elevated BLLs.
- g. Provisions to obtain denominator data (results of all laboratory blood lead tests, regardless of level) as required in the Children's Health Act of 2000.
- h. Time line and methods for evaluating the Childhood Blood Lead Surveillance (CBLIS) approach.
- i. Plans to convert paper-based components of the surveillance system to electronic data manipulation.

- j. Use of data including evaluation of prevention activities, especially to target screening and prevention efforts.
- k. Ability to link environmental data.

3. Statewide Planning and Collaboration (20 points)

The applicant's ability to develop statewide screening recommendations, including appropriate local strategies. The following elements will be specifically evaluated:

- a. The proposed approach to developing and carrying out an inclusive state-wide screening plan as outlined in *Screening Young Children for Lead Poisoning: Guidance for State and Local Health Officials*.
- b. The extent to which the applicant plans to utilize surveillance and program data to produce a statewide screening recommendation, with specific attention given to the Medicaid population, as required in the Children's Health Act of 2000.
- c. The ability of the applicant to involve collaborators in the development of a screening plan and implementation of strategies to strengthen childhood lead poisoning prevention activities.
- d. The applicant's demonstrated ability to collaborate with principal partners, including managed-care organizations, the State Medicaid agency, child health-care providers and provider groups, insurers, community-based organizations, housing agencies (especially HUD funded programs), and

banking, real-estate, and property-owner interests, must be demonstrated by letters of support, memoranda of understanding, contracts, or other documented evidence of relationships.

4. Capacity to Carry out Public Health Core Functions (10 points)

The applicant's ability to describe the approach and activities necessary to achieve a balance in the health department's roles in CLPP, including assessment, program and policy development, and monitoring, evaluating, and ensuring the provision of all CLPP activities within their respective categories (for example, Category 3 requires screening plans, surveillance systems, assure follow-up care, and evaluation).

5. Goals and objectives (15 points)

The extent to which the applicant's goals and objectives relate to the CLPP activities as described in the category under which they applied. Objectives must be relevant, specific, measurable, achievable, and time-framed and must be provided for the first budget year. There must be a formal work plan with a description of methods, a timetable for completing the proposed methods, identification of the program staff responsible for accomplishing each objective, and process evaluation measures for each proposed objective. Also include a tentative work plan and timetable for the remaining years of

the proposed project.

6. Project management and staffing (10 points)

The extent to which the applicant has documented the skills and ability to develop and carry out CLPP activities within their respective categories. Specifically, the applicant should:

- a. Describe the proposed health department staff roles in CLPP, their specific responsibilities, and their level of effort and time. Include a plan to expedite filling of all positions and provide assurances that such positions will be authorized to be filled by the applicant's personnel system within reasonable time after receiving funding.
- b. Describe a plan to provide training and technical assistance to health department personnel and consultation to collaborators outside the health department, including proposed design of information-sharing systems.

7. Program evaluation (15 points)

The extent to which the applicant describes a systematic assessment of the operations and outcomes of the program as a means of contributing to the overall improvement of the program. Specific criteria should include:

- a. An evaluation plan which describes useful and appropriate strategies and approaches to monitor and improve the quality, effectiveness, and efficiency of the program;

- b. Description of how evaluation findings will be used to assess changes in public policy and measure the program's effectiveness of collaborative activities; and
- c. Description of how the program will document progress made in childhood lead poisoning prevention which result from planned health department strategies.

8. Budget justification (not scored)

The extent to which the budget is reasonable, clearly justified, and consistent with the intended use of funds.

PART B: Competing Continuations

1. Understanding of the Problem (10 points)

The extent to which the applicant's description and understanding of the burden and distribution of childhood lead exposure or elevated BLLs in their jurisdiction, using available evidence of incidence and/or prevalence and demographic indicators, including a description of the Medicaid population, as required in the Children's Health Act of 2000.

2. Surveillance activity (20 points)

The applicant's ability to enhance its childhood blood lead surveillance system that includes: (a) a flow chart that describes data transfer and (b) a mechanism that tracks lead screening for Medicaid children (as required in the Children's Health Act of 2000), evaluating the existing system, and

reporting data to the CDC's national surveillance database.

Also, the extent to which the proposed time table for accomplishing each activity is appropriate and clearly defined.

The following elements will be specifically evaluated:

- a. How laboratories report BLLs, including ability to identify and assure reporting from private laboratories and portable blood lead technology that perform lead testing.
- b. How data are collected and managed.
- c. How quality of data and completeness of reporting are assured.
- d. How and when data are analyzed.
- e. How summary data are reported and disseminated on a regular basis (i.e., newsletters, fact sheets, annual reports).
- f. Protocols for follow-up of individuals with elevated BLLs.
- g. Provisions to obtain denominator data (results of all laboratory blood lead tests, regardless of level) as required in the Children's Health Act of 2000.
- h. Time line and methods for evaluating the Childhood Blood Lead Surveillance (CBLS) approach.
- i. Process used to convert paper-based components of the system to electronic data.
- j. Use of data including evaluation of prevention activities,

especially to target screening and prevention efforts.

k. Ability to link environmental data.

For eligible SMSAs (Part B only): The applicant's ability to expand their data management system, including the approach to participating in the State CBLs. The clarity, feasibility, and scientific soundness of the approach to data management. Also, the extent to which the proposed schedule for accomplishing each activity and method for evaluating each activity are clearly defined and appropriate. Please note: The elements (a-k) detailed under No. 2 Surveillance Activities in the section immediately preceding this one all apply to eligible SMSAs.

3. Statewide/Jurisdiction-wide Planning and Collaboration (20 points)

The applicant's demonstrated ability to implement and evaluate statewide/jurisdiction-wide screening recommendations with appropriate local strategies. The following elements will be specifically evaluated:

a. The approach used to develop, carry out, and evaluate an inclusive State- or jurisdiction-wide screening plan as outlined in *Screening Young Children for Lead Poisoning: Guidance for State and Local Health Officials*.

b. The extent to which the applicant utilized surveillance and program data to produce statewide/jurisdiction-wide screening recommendations and target the Medicaid

population, as required in the Children's Health Act of 2000.

c. Description of how collaborations facilitated the development of a screening plan and strengthened childhood lead poisoning prevention strategies.

d. Evidence of collaboration with principal partners, including managed-care organizations, State Medicaid agency, child health-care providers and provider groups, insurers, community-based organizations, housing agencies, and banking, real-estate, and property-owner interests. These collaborations must be demonstrated by letters of support, memoranda of understanding, contracts, or other documented evidence of relationships.

Note: For applicants under Part B, describe progress in implementing the screening plan based upon each of the elements listed above.

4. Capacity to carry out public-health core functions (10 points)

The ability to describe the approach and activities taken to achieve a balance in the health department's roles in CLPP, including assessment, program and policy development, and monitoring, evaluating, and ensuring the provision of all CLPP activities within their respective categories (for example, Category 3 requires screening plans, surveillance systems, assure follow-up care, and evaluation).

5. Goals and objectives (10 points)

The extent to which the applicant's goals and objectives relate to the CLPP activities as described in the category under which they applied. Objectives must be relevant, specific, measurable, achievable, and time-framed and must be provided for the first budget year. There must be a formal work plan with a description of methods, a timetable for completing the proposed methods, identification of the program staff responsible for accomplishing each objective, and process evaluation measures for each proposed objective. Also include a tentative work plan and timetable for the remaining years of the proposed project.

6. Project management and staffing (10 points)

The extent to which the applicant has the skills and ability to develop and carry out CLPP activities within their respective category/ies. Specifically the applicant should:

- a. Describe the proposed health department staff roles in CLPP, their specific responsibilities, and their level of effort and time. Include a plan to expedite filling of all positions and provide assurances that such positions will be authorized to be filled by the applicant's personnel system within reasonable time after receiving funding.
- b. Describe a plan to provide training and technical assistance to health department personnel and consultation

630 to collaborators outside the health department, including
631 proposed design of information-sharing systems.

632 **7. Program evaluation (15 points)**

633 The extent to which the applicant describes a systematic
634 assessment of the operations and outcomes of the program as a
635 means of contributing to the overall improvement of the
636 program. Specific criteria should include:

- 637 a. An evaluation plan which describes useful and appropriate
638 strategies and approaches to monitor and improve the
639 quality, effectiveness, and efficiency of the program;
- 640 b. Description of how evaluation findings will be used to
641 assess changes in public policy and measure the program's
642 effectiveness of collaborative activities; and
- 643 c. Description of how the program will document progress made
644 in childhood lead poisoning prevention which result from
645 planned health department strategies.

646 **8. Budget justification (not scored)**

647 The extent to which the budget is reasonable, clearly
648 justified, and consistent with the intended use of funds.

649 **PART C: SUPPLEMENTAL STUDIES - Factors to be Considered**

650 **1. Study protocol (45 points)**

651 The applicant's ability to develop a scientifically sound

protocol (including adequate sample size with power calculations), quality, feasibility, consistency with project goals, and soundness of the evaluation plan (which should provide sufficient detail regarding the way the protocol will be implemented). The degree to which the applicant has met the CDC policy requirements regarding the inclusion of women, ethnic, and/or racial groups in the proposed project. This includes: (a) the proposed plan to include of both sexes and racial and ethnic minority populations for appropriate representation; (b) the proposed justification when representation is limited or absent; (c) a statement as to whether the design of the study is adequate to measure differences when warranted; and (d) a statement as to whether the plan for recruitment and outreach for study participants includes establishing partnerships with community-based agencies and organizations. Benefits of the partnerships should be described.

2. Project personnel (20 points)

The extent to which personnel involved in this project are qualified, including experience in conducting relevant studies. In addition, the applicant's ability to commit appropriate staff time needed to carry out the study.

3. Project management (35 points)

The applicant's ability to implement and monitor the proposed study to include specific, attainable, and realistic goals and

objectives, and an evaluation plan.

4. Budget justification (not scored)

The extent to which the budget is reasonable, clearly justified, and consistent with the intended use of cooperative agreement funds.

5. Human subjects (not scored)

The extent to which the applicant complies with the Department of Health and Human Services regulations (45 CFR Part 46) on the protection of human subjects.

H. Other Requirements

Technical Reporting Requirements

Provide CDC with the original plus two copies of:

1. Quarterly progress reports, which are required of all grantees.

The quarterly report narrative should not exceed 15 pages.

Time lines for the quarterly reports will be established at the time of award, but are typically due 30 days after the end of each quarter.

2. Calendar-year surveillance data must be submitted annually to CDC in the approved OMB format between March - June. In addition to CDC, a written surveillance summary must be disseminated to State and local public health officials, policy makers, and others.
3. Financial Status Reports are due within 90 days of the end of the budget period.

4. Final financial reports and performance reports are due within 90 days after the end of the project period.

Send all reports to the Grants Management Specialist identified in the "Where to Obtain Additional Information" section of this announcement.

NOTE: Data collection initiated under this cooperative agreement program has been approved by the Office of Management and Budget under OMB number (0920-0337), "National Childhood Blood Lead Surveillance System", Expiration Date: March 31, 2001.

The following additional requirements are applicable to this program. For a complete description of each, see Addendum 1 in the application package.

AR-1 Human Subjects Requirement

AR-2 Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

AR-7 Executive Order 12372 Review

AR-9 Paperwork Reduction Act Requirements

AR-10 Smoke-Free Workplace Requirements

AR-11 Healthy People 2010

AR-12 Lobbying Restrictions

I. Authority and Catalog of Federal Domestic Assistance Number

723 This program is authorized under sections 301(a), 317A and 317B of
724 the Public Health Service Act [42 U.S.C. 241(a), 247b-1, and 247b-3],
725 as amended by the Children's Health Act of 2000. Program regulations
726 are set forth in Title 42, Code of Federal Regulations, Part 51b to
727 State and local health departments. The Catalog of Federal Domestic
728 Assistance number is 93.197.

729 **J. Pre-Application Workshop for New and Competing Continuation**
730 **Applicants**

731 For interested applicants, a telephone conference call for
732 pre-application technical assistance will be held on Wednesday,
733 February 14, 2001, from 1:30 p.m. to 3:30 p.m. Eastern Standard
734 Time. **The bridge number for the conference call is 1-800-311-**
735 **3437, and the pass code is 907844.** For further information
736 about all workshops, please contact Claudette Grant-Joseph at
737 404-639-2510.

738 **K. Where to Obtain Additional Information:**

739 This and other CDC announcements may be downloaded through the CDC
740 homepage on the Internet at <http://www.cdc.gov>. Please refer to
741 program announcement number 00033 when requesting information. To
742 receive additional written information and to request an application
743 kit, call 1-888-GRANTS4 (1-888-472-6874). You will be asked to leave
744 your name, address, and phone number and will need to refer to
745 Announcement 00033. You will receive a complete program description,

746 information on application procedures, and application forms. CDC
747 will not send application kits by facsimile or express mail.
748 If you have questions after reviewing the contents of all documents,
749 business management technical assistance may be obtained from:
750 Mattie B. Jackson, Grants Management Specialist
751 Grants Management Branch, Procurement and Grants Office
752 Centers for Disease Control and Prevention (CDC)
753 2920 Brandywine Road, Room 3000
754 Atlanta, GA 30341-4146
755 telephone (770) 488-2718
756 Internet address **mij3@cdc.gov**

757 For programmatic technical assistance, contact:
758 Claudette A. Grant-Joseph, Chief,
759 Program Services Section, Lead Poisoning Prevention Branch
760 Division of Environmental Hazards and Health Effects
761 National Center for Environmental Health
762 Centers for Disease Control and Prevention (CDC)
763 1600 Clifton Road, NE, Mailstop E-25
764 Atlanta, GA 30333
765 telephone (404) 639-2510
766 Internet address **cag4@cdc.gov**

767 Dated:

768

769

John L. Williams

770

Director, Procurement & Grants Office

771

772

773

Addendum 1

774

DEPARTMENT OF HEALTH AND HUMAN SERVICES

775

Centers for Disease Control and Prevention

776

Program Announcement 00033

777

Childhood Lead Poisoning Prevention Programs

778

AR-1

779

Human Subjects Requirements

780

If the proposed project involves research on human participants, the applicant must comply with the Department of Health and Human Services Regulations (45 CFR 46) regarding the protection of human research participants. Assurance must be provided to demonstrate that the project will be subject to initial and continuing reviews by an appropriate institutional review board. The applicant will be responsible for providing evidence of this assurance in accordance with the appropriate guidelines and forms provided in the application kit.

781

782

783

784

785

786

787

788

789

In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved with or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it.

790

791

792

793

794

795

Unless the awardee holds a Multiple Project Assurance, a Single Project Assurance is required, as well as an assurance for each subcontractor or cooperating institution that has immediate responsibility for human participants.

796

797

798

799

The Office for Protection from Research Risks (OPRR) at the National Institutes of Health (NIH) negotiates assurances for all activities involving human participants that are supported by the Department of Health and Human Services.

800

801

802

803

804

AR-2

805

Requirements for Inclusion of Women and Racial and Ethnic Minorities in Research

806

807

It is the policy of the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) to ensure that individuals of both sexes and the various

808

809

810 racial and ethnic groups will be included in CDC/ATSDR-supported
811 research projects involving human subjects, whenever feasible and
812 appropriate. Racial and ethnic groups are those defined in OMB
813 Directive No. 15 and include American Indian or Alaska Native, Asian,
814 Black or African American, Hispanic or Latino, Native Hawaiian or
815 Other Pacific Islander. Applicants shall ensure that women, racial
816 and ethnic minority populations are appropriately represented in
817 applications for research involving human subjects. Where clear and
818 compelling rationale exist that inclusion is inappropriate or not
819 feasible, this situation must be explained as part of the
820 application. This policy does not apply to research studies when the
821 investigator cannot control the race, ethnicity, and/or sex of
822 subjects. Further guidance to this policy is contained in the Federal
823 Register, Vol. 60, No. 179, pages 47947-47951, and dated Friday,
824 September 15, 1995.

825 AR-7

826 Executive Order 12372 Review

827 Applications are subject to Intergovernmental Review of Federal
828 Programs, as governed by Executive Order (E.O.) 12372. The order
829 sets up a system for State and local governmental review of proposed
830 Federal assistance applications. Applicants
831 should contact their State single point of contact (SPOC) as early as
832 possible to alert the SPOC to prospective applications and to receive
833 instructions on the State process. For proposed projects serving more
834 than one State, the applicant is advised to contact the SPOC for each
835 State affected. (The application kit contains a current list of
836 SPOCs.) SPOCs who have recommendations about the State process for
837 applications submitted to CDC should send them, in a document bearing
838 the program announcement number, no more than 60 days after the
839 application deadline date, to:

840 Mattie B. Jackson, Grants Management Specialist
841 Grants Management Branch, Procurement and Grants Office
842 Announcement Number 00033
843 Centers for Disease Control and Prevention
844 2920 Brandywine Road, Room 3000
845 Atlanta, GA 30341

846 Indian tribes must request tribal government review of their
847 applications.

848 If Indian tribes are eligible for the program, change the sentence
849 about SPOC recommendations as follows:

850 SPOCs or tribal governments that have recommendations about an

851 application submitted to CDC should send them, in a document bearing
852 the program announcement number, no more than 60 days after the
853 application deadline date, to:

854 Mattie B. Jackson, Grants Management Specialist
855 Grants Management Branch, Procurement and Grants Office
856 Announcement Number 00033
857 Centers for Disease Control and Prevention
858 2920 Brandywine Road, Room 3000
859 Atlanta, GA 30341

860 CDC does not guarantee to accept or justify its nonacceptance of
861 recommendations that are received more than 60 days after the
862 application deadline.

863 AR-9

864 Paperwork Reduction Act Requirements

865 Projects that involve data collection from 10 or more persons and
866 that are funded by grants and cooperative agreements will be subject
867 to review and approval by the Office of Management and Budget (OMB).

868 Data collection initiated under this grant/cooperative agreement) has
869 been approved by the Office of Management and Budget (OMB) under
870 OMB number 0920-0337 for CDC), National Childhood Blood Lead
871 Surveillance System, expiration date March 31, 2001.

872
873 AR-10

874 Smoke-Free Workplace Requirements

875 CDC strongly encourages all recipients to provide a smoke-free
876 workplace and to promote abstinence from all tobacco products. Public
877 Law 103-227, the Pro-Children Act of 1994, prohibits smoking in
878 certain facilities that receive Federal funds in which education,
879 library, day care, health care, or early childhood development
880 services are provided to children.

881 AR-11

882 Healthy People 2001

883 CDC is committed to achieving the health promotion and disease
884 prevention objectives of A Healthy People 2001, @ a national activity
885 to reduce morbidity and mortality and improve the quality of life.

886 For a copy of "Healthy People 2001" (Full Report:
887 Stock No. 017-001-00474-0) or "Healthy People 2001" (Summary Report:
888 Stock No. 017-001-00473-1), write or call:

889 Superintendent of Documents

890 Government Printing Office

891 Washington, DC 20402-9325

892 Telephone (202) 512-1800

893

894 AR-12

895 Lobbying Restrictions

896 Applicants should be aware of restrictions on the use of HHS funds
897 for lobbying of Federal or State legislative bodies. Under the
898 provisions of 31 U.S.C. Section 1352, recipients (and their subtier
899 contractors) are prohibited from using appropriated Federal funds
900 (other than profits from a Federal contract) for lobbying congress or
901 any Federal agency in connection with the award of a particular
902 contract, grant, cooperative agreement, or loan. This includes
903 grants/cooperative agreements that, in whole or in part, involve
904 conferences for which Federal funds cannot be used directly or
905 indirectly to encourage participants to lobby or to instruct
906 participants on how to lobby.

907 In addition no part of CDC appropriated funds, shall be used, other
908 than for normal and recognized executive-legislative relationships,
909 for publicity or propaganda purposes, for the preparation,
910 distribution, or use of any kit, pamphlet, booklet, publication,
911 radio, television, or video presentation designed to support or
912 defeat legislation pending before the Congress or any State or local
913 legislature, except in presentation to the Congress or any State or
914 local legislature itself. No part of the appropriated funds shall be
915 used to pay the salary or expenses of any grant or contract
916 recipient, or agent acting for such recipient, related to any
917 activity designed to influence legislation or appropriations pending
918 before the Congress or any State or local legislature.

919

Addendum 2

920 **Background on CDC's estimate of number and proportion of children at**
921 **high risk for lead exposure by State**

922 To provide States with general guidance about the appropriate
923 amount of funding to request under this Program Announcement,
924 CDC estimated the number and percentage of children with
925 elevated BLLs for each State. CDC used a logistic-regression
926 model to estimate the contribution of four major risk factors
927 to the probability that an individual child would have a blood
928 lead level (BLL) of at least 10 µg/dL. The selected risk
929 factors were based on data from Phase 2 of the Third National
930 Health and Nutrition Examination Survey (NHANES III, Phase 2)
931 and included the age and race of children, age of housing, and
932 family income. The model established a relative contribution
933 or "coefficient" for each of these factors. These coefficients
934 were then applied to the relevant categories of 1990 census
935 data for each State to produce an estimate of both *the number*
936 *and the percentage* of children with elevated BLLs in the State.

937 CDC's purpose in estimating the number and percentage of
938 children with EBLLs in each State is to approximate the level
939 of effort that may be required to provide prevention services
940 to the entire population of a State. In accordance with this
941 purpose, CDC adjusted the level of effort projected for State-
942 level CLPP Programs in States with one or more locales
943 currently receiving separate funding under this grant program.

944 To derive the funding category for each State, CDC gave twice
945 as much weight to the estimated percentage of children with
946 elevated BLLs as to the estimated number of children with
947 elevated BLLs.

948 *Note 1: The categorization scheme developed for use in this*
949 *Program Announcement is likely to be of only limited*
950 *usefulness for other purposes. The use of an*
951 *approximation is necessary because of the wide variation*
952 *among States in the extent to which their pediatric*
953 *populations are exposed to lead.*

954 *Note 2: Applicants are encouraged to use the funding category that*
955 *is suggested for the applicant's State; however, note*
956 *these are suggested funding guidelines and should not be*
957 *regarded as absolute funding limits.*

958 Addendum 3

959 BACKGROUND AND DEFINITIONS

960 **Background:**

961 In the last few years, there have been three major changes in the
962 context within which CLPP and CBLIS programs function. These are:

- 963 • **Changing functions of health departments.** Many health
964 departments have ceased to be major providers of direct
965 screening and follow-up care services, as Medicaid
966 beneficiaries who formerly received preventive health care in
967 health departments have enrolled in managed-care organizations.
968 A decrease in funding has occurred in many health departments.

- 969 • **Renewed emphasis on accountability of government agencies.** A
970 renewed call for accountability in government agencies requires
971 that health departments document both the need for and the
972 impact of their programs.

- 973 • **Continuing declines in BLLs of the entire U.S. population,**
974 **resulting in wide variation among jurisdictions with regard to**
975 **the magnitude of their childhood lead poisoning problems.**

976 Resource limitations and the demand for public accountability have
977 made it increasingly important for health departments to perform the
978 core functions of public health as outlined in *The Future of Public*
979 *Health* (IOM, 1988). These core functions are assessment, policy
980 development, and assurance. Health department personnel must also
981 accomplish their missions through others, by deepening relationships
982 among new and old partners both in and outside of the health
983 department. Also, the widening disparity among jurisdictions with
984 regard to the magnitude of the childhood lead poisoning problem has
985 focused attention on State and local health departments, as opposed
986 to the Federal government, as the appropriate decision-makers for
987 lead screening. Taken together, these changes are having a profound
988 impact on CLPP programs, necessitating a change in programmatic
989 emphasis.

990 CLPP and CBLIS programs are positioned to bring about improved
991 screening and follow-up care for children with elevated BLLs,
992 improved public and professional awareness of the problem of
993 childhood lead poisoning, and improved childhood blood lead
994 surveillance, by performing the three core public health functions
995 related to childhood lead poisoning prevention.

Definitions

- *Assessment*: Activities organized by a health department for the purpose of determining the risk for lead exposure among the children in its jurisdiction and the adequacy of programmatic activities to address this risk.
- *Assurance*: Activities organized by a health department for the purpose of 1) monitoring the provision of CLPP services including screening, follow-up care, and public and professional education; and 2) ensuring, as a provider of last resort, the availability of necessary services.
- *High-risk*: A term used to designate areas, populations, and individuals with risk for lead exposure that is assessed or demonstrated to be higher than average.
- *Lead hazard*: Accessible paint, dust, soil, water, or other source or pathway that contains lead or lead compounds that can contribute to or cause elevated BLLs.
- *Lead hazard remediation*: The elimination, reduction, or containment of known and accessible lead sources.
- *Policy development*: Activities organized by a health department for the purpose of framing the CLPP problem and establishing the response to it in its jurisdictions; includes development, oversight, and evaluation of necessary programs, relationships, and policies that will support CLPP.
- *Primary prevention*: The prevention of elevated BLLs in an individual or population, usually by reducing or eliminating lead hazards in the environment.
- *Program*: A designated unit within an agency responsible for implementing and coordinating a systematic and comprehensive approach to CLPP and CBLs.
- *Surveillance*: A process which 1) systematically collects information over time about children with elevated BLLs using laboratory reports as the data source; 2) provides for the follow-up of cases, including field investigations when necessary; 3) provides timely and useful analysis and reporting of the accumulated data, including an estimate of the rate of elevated BLLs among all children receiving blood tests; and 4) reports data to CDC in the appropriate format.

1033

Addendum 4

1034

Childhood Lead Poisoning Prevention Program Components

1035

1036

Major goals and objectives should be developed for each component required in the applicant's funding category. These are the goals and objectives identified in evaluation criteria #5 (goals and objectives).

1037

1038

1039

1040

Component 1. Statewide/Jurisdiction-wide Screening Plan (Required activity for all funded applicants). Development or implementation and evaluation of a childhood blood lead screening plan consistent with CDC guidance provided in *Screening Young Children for Lead Poisoning: Guidance for State and Local Public Health Officials*.

1041

1042

1043

1044

1045

1046

1047

Component 2. Statewide Surveillance System (Required activity for all funded State applicants). Development or enhancement of a CBLS system that includes collection, analysis, and dissemination of data on: screening, prevalence of elevated BLLs, sources of lead exposure, and follow-up care among children. Inclusion of surveillance data in the national CBLS database maintained by CDC. [Funded locales also need to engage in planning, data management, and surveillance, but it is likely that these activities will take place within the context of State activities.]

1048

1049

1050

1051

1052

1053

1054

1055

1056

1057

1058

1059

1060

1061

1062

1063

1064

Component 3. Assurance of screening and follow-up care (Required activity for all funded applicants). Development, improvement, and oversight of lead-related policies and services associated with: a) screening; b) follow-up care for those with elevated BLLs, including care coordination, family education about lead exposure, and environmental investigation; and c) remediation of lead hazards. *Of particular interest*

1065

1066

1067

1068

1069

1070

1071

1072

1073

1074

1075

1076 *are efforts to develop policies and*
 1077 *to convene and coordinate concerned*
 1078 *and responsible parties to bring*
 1079 *about these activities.*

1080 **Component 4. Public and professional health**
 1081 **education and health communication**
 1082 **(Required for Funding Categories 1 &**
 1083 **2) Development, improvement, and**
 1084 **oversight of strategies to perform**
 1085 **health education and health**
 1086 **communication about CLPP for a**
 1087 **variety of target audiences. [Note:**
 1088 **The ability to communicate CLPP**
 1089 **program goals effectively and to**
 1090 **educate community members about**
 1091 **CLPP underlie all other aspects of the CLPP program.]**

1092 **Component 5. Evaluation of program impact**
 1093 **(Required activity for all funded**
 1094 **applicants). Monitoring and**
 1095 **evaluation of the effectiveness of**
 1096 **screening, follow-up, education and**
 1097 **communication, lead-hazard**
 1098 **remediation, and primary prevention**
 1099 **activities to ensure that programs**
 1100 **are consistent with plans and**
 1101 **policies, and revision of**
 1102 **programmatic efforts as necessary on**
 1103 **the basis of evaluation findings.**
 1104 **(For example: What is your program's**
 1105 **expected outcome as a result of all**
 1106 **program activities implemented)**

1107 **Component 6. Primary prevention (Required for**
 1108 **Funding Category 1). Development,**
 1109 **improvement, and oversight of**
 1110 **policies and strategies to bring**
 1111 **about primary prevention.**

Addendum 5

CHILDREN'S HEALTH ACT OF 2000

H.R. 4365

Title XXV - Early Detection and Treatment Regarding Childhood Lead Poisoning

- The Secretary, acting through CDC, shall develop national guidelines for the uniform reporting of all blood lead test results to State and local health departments.
- CDC shall: 1) assist with the improvement of data linkages between State and local health departments and between State health departments and the Centers for Disease Control and Prevention; 2) assist States with the development of flexible, comprehensive State-based data management systems for the surveillance of children with lead poisoning that have the capacity to contribute to a national data set; 3) assist with the improvement of the ability of State-based data management systems and federally-funded means-tested public benefit programs (including the special supplemental food program for women, infants and children (WIC)) and the early head start program to respond to ad hoc inquiries and generate progress reports regarding the lead blood level screening of children enrolled in those programs; 4) assist States with the establishment of a capacity for assessing how many children enrolled in the medicaid, WIC, early head start, and other federally-funded means-tested public benefit programs are being screened for lead poisoning at age-appropriate intervals; 5) use data obtained as result of activities under this section to formulate or revise existing lead blood screening and case management policies; and 6) establish performance measures for evaluating State and local implementation of these requirements.

